

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.											
2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD					3. Service						
4. Employing Office Location					5. Duty Station						
6. OPM Certification No.					7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt						
8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest					9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)					11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither						
12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive					13. Competitive Level Code						
14. Agency Use NAF											
15. Classified/Graded by		Official Title of Position			Pay Plan		Occupational Code		Grade		
a. Office of Personnel Management											
b. Department, Agency or Establishment											
c. Second Level Review		Mobile Sales Clerk			NF		2091		02		
d. First Level Review											
e. Recommended by Supervisor or Initiating Office											
16. Organizational Title of Position (if different from official title)					17. Name of Employee (if vacant, specify)						
18. Department, Agency, or Establishment					c. Third Subdivision						
a. First Subdivision					d. Fourth Subdivision						
b. Second Subdivision					e. Fifth Subdivision						
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.					Signature of Employee (optional)						
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that					this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.						
a. Typed Name and Title of Immediate Supervisor					b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)						
Signature _____					Signature _____						
Date _____					Date _____						
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.					22. Position Classification Standards Used in Classifying/Grading Position OPM PCS for Sales, Store and Clerical Series GS-2091 TS-46 Jun 63						
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier					Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.						
Signature _____											
Date 12-31-01											
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)											
b. Supervisor											
c. Classifier											
24. Remarks											
25. Description of Major Duties and Responsibilities (See Attached)											

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Mobile Sales Clerk **POSITION NUMBER** 01-0122 **JOB SERIES:** 2091 **PAY LEVEL:** NF-2 **Summary of Duties:**

Provides mobile snack bar service to military and civilian personnel that do not have access to a food service facility. Operates a mobile canteen unit and sells a variety of fast food items and a limited variety of retail items such as cigarettes, gum, and candy. Loads food service canteen truck with food and beverages. Drives to various locations, according to a previously established schedule and route, ensuring that prescribed routes are followed and that scheduled stops are made on a timely basis. Observes safety and traffic requirements and regulations.

May prepare requisitions for supplies, equipment and daily resale and consumable items, keeps supplies neatly displayed and stowed; maintains adequate stock at all times. Maintains inventory and operating records and required reports.

Serves customers, collects money, makes change, and is responsible for own change fund. Prepares Daily Salesperson's Cash Report.

Performs other related duties as assigned.

Minimum Qualifications:

A minimum of one year of experience that demonstrates the ability to perform the work of the position. Knowledge and understanding of food service policies and procedures. Basic knowledge of business mathematics, and cash handling. A valid driver's license is required. Incumbents' may be required to provide a driver's abstract.